

OMB Control Number 1205-0422
Expiration Date: 09/30/2016

**WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) SECTION 166
INDIAN AND NATIVE AMERICAN EMPLOYMENT AND TRAINING PROGRAMS
STANDARDIZED PARTICIPANT INFORMATION RECORD SPECIFICATIONS**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information for grantees is estimated at 2 hours twenty minutes per individual record and an additional ten minutes for each program participant to relay the information orally (total 2.5 hours per record) including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information. Respondent's obligation to reply is required to obtain or retain benefits (PL 113-128 Section 166). ETA is responsible for keeping these data private and will maintain the data in accordance with all applicable Federal laws, with particular emphasis upon compliance with the provisions of the Privacy and Freedom of Information Acts. The collection of information is for general program oversight and will be used for evaluation and performance assessment. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, ETA, 200 Constitution Avenue, Washington, D.C. 20210 (Paperwork Reduction Act Project 1205-0422).

INDIAN AND NATIVE AMERICAN EMPLOYMENT AND TRAINING PROGRAMS STANDARDIZED PARTICIPANT INFORMATION RECORD SPECIFICATIONS

GENERAL GUIDELINES

This document is intended to facilitate the preparation and quarterly submission of an electronic file of records for all participants who receive services financially assisted by the WIOA section 166 Comprehensive Services (CS) Program and who exit the program. At a minimum, grantees are required to submit a single electronic file of these individual records on all CS program participants who exit the program each quarter. Grantees have the option, but are not required, to submit updated individual records in subsequent post-program quarters to reflect outcome information that may be captured through supplemental/case management follow-up.

The primary purposes of these individual record specifications are to:

1. Establish a standardized set of data elements, definitions, and specifications that can be used by the USDOL to match personally identifiable client records with state UI wage records and other administrative wage record databases in order to calculate a set of common performance measures. These performance measures include entry into employment, employment retention, and average earnings;
2. Facilitate the collection and reporting of valid, consistent, and complete information on an individual in order to support the overall management, evaluation, and continuous improvement of the WIOA section 166 CS Program; and
3. Share program performance results with consumers, taxpayers, Congress and other stakeholders with an interest in the WIA section 166 grant program.

Standardized data collection also makes performance information more useful for supporting budget development activities by the USDOL, the Administration, and the Congress, especially with regard to the impact of different levels of financial assistance on program services and outcomes. A common language is used to describe changes and improvements in programs over time, to identify effective strategies for meeting the workforce training needs of participants, and to record significant program accomplishments. Every effort has been made to establish common data definitions and formats with minimum burden to the grantees.

The Standardized Participant Information Record follows a comma-delimited format. Electronic file submissions must follow the coding guidelines for each data element shown in the attached instructions. For each data element, there is a definition or reporting instruction, coding values, and, where applicable, a data type/field size indicator. It is also important to note that grantees are required to report actual Social Security Numbers (SSNs) with their electronic file submission. The collection of an individual SSN is essential for matching client records to wage records maintained by the state and other federal agencies in order to calculate federally required indicators of program performance.

Although the Department can require grantees to ask an individual for his/her SSN as part of the application/eligibility determination process for program services, grantees must disclose the reason(s) for the request of the SSN as well as the parties to whom disclosure may be made. SSN disclosure must be voluntarily provided by the individual and grantees cannot deny access to services if the SSN is not provided. In such instances, the grantee is instructed to use an alternate unique identifier and follow the appropriate instructions contained in this document.

STANDARDIZED PARTICIPANT INDIVIDUAL RECORD SPECIFICATIONS

Field Number & Type	Field Width	Data Element Name	Data Element Definitions/Instructions	Coding Value(s)
1 Numeric	9	Participant Identification Number	Record the participant's identification number. If the applicant has no SSN or refuses to provide it, an alternate unique identification number must be assigned at the time of participation in the program. Grantees should make every effort to obtain a valid SSN prior to exit or completion of services from the program and include the SSN in its submission to the USDOL/ETA.	000000000
2 Alpha-Numeric	2	State FIPS Code of Residence	Record the 2-digit FIPS code of the state of the primary domicile of the participant. Primary domicile is that location that is established or claimed as the permanent residence or "home" of the participant. If primary domicile is outside the United States, use the following codes: 77 = All Other Countries 88 = Mexico 99 = Canada	XX
3 Numeric	3	County FIPS Code of Residence	Record the 3-digit FIPS Code of the County of the primary domicile of the participant. Primary domicile is that location that is established or claimed as the permanent residence or "home" of the participant. If primary domicile is outside the United States, use the following codes: 777 = All Other Countries 888 = Mexico 999 = Canada	000
4 Numeric	5	Zip Code of Residence	Record the zipcode of the primary domicile of the participant. Primary domicile is that location that is established or claimed as the permanent residence or "home" of the participant. If primary domicile is outside the United States, use the following codes: 77777 = All Other Countries 88888 = Mexico 99999 = Canada	00000
Collection of Equal Opportunity Information (Items #5 through #7)			Important Note: Additional guidance related to the collection and reporting of equal opportunity information, including age (Item #5), sex (Item #6), and disability (Item #7) can be found under Attachment I of this document. Since this data collection effort focuses on a specific racial or ethnic group (i.e., American Indian or Alaska Natives), the collection of ethnicity and racial categories is not required	
5 Date	8	Date of Birth	Record the individual's date of birth.	YYYYMMDD

Field Number & Type	Field Width	Data Element Name	Data Element Definitions/Instructions	Coding Value(s)
6 Numeric	1	Gender	<p>Record 1 if the person indicates that he is male.</p> <p>Record 2 if the person indicate that she is female.</p> <p>If the person does not self-identify gender, leave "blank" or Record 0.</p>	<p>1 = Male</p> <p>2 = Female</p>
7 Numeric	1	Individual with a Disability	<p>Record 1 if the participant indicates that he/she has any "disability," as defined in Section 3(2)(a) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102). Under that definition, a "disability" is a physical or mental impairment that substantially limits one or more of the person's major life activities. (For definitions and examples of "physical or mental impairment" and "major life activities," see paragraphs (1) and (2) of the definition of the term "disability" in 29 CFR 37.4, the definition section of the WIA non-discrimination regulations.)</p> <p>Record 2 if the participant indicates that he/she does not have a disability that meets the definition.</p> <p>If the participant does not wish to disclose his/her disability status, leave "blank" or Record 0.</p>	<p>1 = Yes</p> <p>2 = No</p>
8 Numeric	6	Tribal Affiliation	<p>Record the individual's tribal affiliation code.</p> <p>If the tribal affiliation code is not known, leave "blank" or Record 0.</p>	000000

Field Number & Type	Field Width	Data Element Name	Data Element Definitions/Instructions	Coding Value(s)
9 Numeric	1	Veteran Status	<p>Record 1 if the participant is a person who served in the active U.S. military, naval, or air service for a period of less than or equal to 180 days, and who was discharged or released from such service under conditions other than dishonorable.</p> <p>Record 2 if the participant served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge; or was discharged or released because of a service connected disability; or as a member of a reserve component under an order to active duty pursuant to section 167 (a), (d), or, (g), 673 (a) of Title 10, U.S.C., served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.</p> <p>Record 3 if the participant is a person who is (a) the spouse of any person who died on active duty or of a service-connected disability, (b) the spouse of any member of the Armed Forces serving on active duty who at the time of application for assistance under this part, is listed, pursuant to 38 U.S.C 101 and the regulations issued thereunder, by the Secretary concerned, in one or more of the following categories and has been so listed for more than 90 days: (i) missing in action; (ii) captured in the line of duty by a hostile force; or (iii) forcibly detained or interned in the line of duty by a foreign government or power; or (c) the spouse of any person who has a total disability permanent in nature resulting from a service-connected disability or the spouse of a veteran who died while a disability so evaluated was in existence.</p> <p>Record 4 if the participant does not meet any one of the conditions described above.</p>	<p>1 = Yes, <= 180 days 2 = Yes, Eligible Veteran 3 = Yes, Other Eligible Person 4 = No</p>

Field Number & Type	Field Width	Data Element Name	Data Element Definitions/Instructions	Coding Value(s)
10 Numeric	1	Employment Status at Participation	<p>Record 1 if the participant is a person who either (a) did any work at all as a paid employee, (b) did any work at all in his or her own business, profession, or farm, (c) worked 15 hours or more as an unpaid worker in an enterprise operated by a member of the family, or (d) is one who was not working, but has a job or business from which he or she was temporarily absent because of illness, bad weather, vacation, labor-management dispute, or personal reasons, whether or not paid by the employer for time-off, and whether or not seeking another job.</p> <p>Record 2 if the participant is a person who, although employed, either (a) has received a notice of termination of employment or the employer has issued a Worker Adjustment and Retraining Notification (WARN) or other notice that the facility or enterprise will close, or (b) is a transitioning service member (TSM). A TSM is a service member in active duty status (including separation leave) who is within 24 months of retirement or 12 months of separation.</p> <p>Record 3 if the participant does not meet any one of the conditions described above.</p>	<p>1 = Employed</p> <p>2 = Employed, but Received Notice of Termination of Employment or Military Separation</p> <p>3 = Not Employed</p>

Field Number & Type	Field Width	Data Element Name	Data Element Definitions/Instructions	Coding Value(s)
11 Numeric	2	Highest School Grade Completed	<p>Use the appropriate code to record the highest school grade completed by the participant.</p> <p>Record 87 if the participant completes the 12th grade and attained a high school diploma.</p> <p>Record 88 if the participant completes the 12th grade and attained a GED or equivalent.</p> <p>Record 89 if the participant with a disability receives a certificate of attendance/completion as a result of successfully completing an Individual Education Plan (IEP).</p> <p>Record 90 if the participant attained other post-secondary degree or certification.</p> <p>Record 91 if the participant attained an associates diploma or degree (AA/AS)</p> <p>Record 0 or leave "blank" if no school grades completed.</p>	<p>01 - 12 = Number of elementary/secondary school grades completed</p> <p>13 - 15 = Number of college, or full-time technical or vocational school years completed</p> <p>16 = Bachelor's degree or equivalent</p> <p>17 = Education beyond the Bachelor's degree</p> <p>87 = Attained High School Diploma</p> <p>88 = Attained GED or Equivalent</p> <p>89 = Attained Certificate of Attendance/Completion</p> <p>90 = Attained Other Post-Secondary Degree or Certification</p> <p>91 = Attained Associates Diploma or Degree</p>
12 Numeric	1	Public Assistance Recipient	<p>Record 1 if the individual is a person who, at the time of participation, is receiving or has received cash assistance or other support services from one of the following sources of public assistance in the last six months prior to participation in the program: Temporary Assistance for Needy Families, Food Stamp Assistance, General Assistance (GA) (State/local government), Refugee Cash Assistance (RCA), and Supplemental Security Income (SSI-SSA Title XVI), Supplemental Security Disability Insurance, Veterans Benefits, Foster Child Payments, USDA's Commodity Supplemental Food Program (CSFP), Department of Interior's, Bureau of Indian Affairs, General Assistance or Tribal Work Experience Program (TWEP)</p> <p>Record 2 if the individual does not meet the condition described above.</p>	<p>1 = Yes</p> <p>2 = No</p>

Field Number & Type	Field Width	Data Element Name	Data Element Definitions/Instructions	Coding Value(s)
13 Numeric	1	Limited English Language Proficiency	<p>Record 1 if the participant is a person who has limited ability in speaking, reading, writing or understanding the English language and (a) whose native language is a language other than English, or (b) who lives in a family or community environment where a language other than English is the dominant language.</p> <p>Record 2 if the participant does not meet the conditions described above.</p>	1 = Yes 2 = No
14 Numeric	1	Basic Literacy Skills Deficient	<p>Record 1 if the participant meets the definition of basic literacy skills deficient. This definition must include a determination that an individual either (a) computes or solves problems, reads, writes or speaks English (Spanish in Puerto Rico) at or below grade level 8.9; or (b) is unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in the individual's family or in society.</p> <p>Record 2 if the participant does not meet the above definition.</p> <p>If the participant was not assessed for basic skills deficiency, leave "blank" or Record 0.</p>	1 = Yes 2 = No
15 Numeric	1	Single Parent with Dependents Under Age 18	<p>Record 1 if the participant is a single, separated, divorced, or widowed individual who has responsibility for one or more dependent children under age 18.</p> <p>Record 2 if the participant does not meet the conditions described above.</p>	1 = Yes 2 = No
16 Numeric	1	Long-Term Unemployment	<p>Record 1 if the participant (1) is unemployed at the time of participation in the program; (2) has been unemployed for any 15 or more of the 26 weeks immediately prior to participation in the program; and (3) has made specific efforts to find a job throughout the period of unemployment.</p> <p>Record 2 if the individual does not meet the conditions described above.</p>	1 = Yes 2 = No

Field Number & Type	Field Width	Data Element Name	Data Element Definitions/Instructions	Coding Value(s)
17 Numeric	1	Offender/ Criminal Justice Barrier	<p>Record 1 if the participant is a person who either (a) is or has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction for committing delinquent acts, such as crimes against persons, crimes against property, status offenses, or other crimes.</p> <p>Record 2 if the participant does not meet any one of the conditions described above.</p>	1 = Yes 2 = No
18 Numeric	1	Homeless	<p>Record 1 if the participant is a person who lacks a fixed, regular, adequate night time residence. This definition includes any individual who has a primary night time residence that is a publicly or privately operated shelter for temporary accommodation; an institution providing temporary residence for individuals intended to be institutionalized; or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings. This definition does not include an individual imprisoned or detained under an Act of Congress or State law. An individual who may be sleeping in a temporary accommodation while away from home should not, as a result of that alone, be recorded as homeless.</p> <p>Record 2 if the participant does not meet any one of the conditions described above.</p>	1 = Yes 2 = No
19 Numeric	1	Other Barrier(s) to Employment	<p>Record 1 if the participant has another barrier to employment as identified by the grantee in addition to Items #12 through #17 listed above.</p> <p>Record 2 if the individual does not have a grantee determined barrier to employment.</p>	1 = Yes 2 = No
20 Date	8	Date of Participation	Record the date on which the individual begins receiving his/her first service funded by the program following a determination of eligibility to participate in the program.	YYYYMMDD

Field Number & Type	Field Width	Data Element Name	Data Element Definitions/Instructions	Coding Value(s)
21 Numeric	1	Received Core Services	<p>Record 1 if the participant received one or more core services as defined in WIA regulations §668.340(b) including, for example, outreach, intake, orientation to services, initial assessment of skill levels, aptitudes, abilities and supportive service needs, eligibility certification or assistance in establishing eligibility for financial assistance for training, job search and placement assistance, and career counseling.</p> <p>Record 2 if the individual did not receive core services.</p>	1 = Yes 2 = No
22 Numeric	1	Received Intensive Services	<p>Record 1 if the participant received one or more intensive services as defined in WIA regulations §668.340(c) including, for example, comprehensive and specialized testing and assessment, development of an individual employment plan, group or individual counseling, short-term pre-vocational services, work experience, tryout employment, dropout prevention activities, and other services identified in the approved Two-Year Plan.</p> <p>Record 2 if the individual did not receive intensive services.</p>	1 = Yes 2 = No
23 Date	8	Date Entered Training	<p>Record the date on which the participant's training service actually began. If the individual received multiple training services, record the date on which the individual actually began the last (or most recent) training service.</p> <p>Otherwise, leave "blank" if the participant did not receive training services.</p>	YYYYMMDD
24 Numeric	8	Occupational Skills Training Code	<p>Enter the 8 digit O*Net 4.0 (or later versions) code that best describes the training occupation for which the participant received training services.</p> <p>Record 0 or leave "blank" if the occupational code is not available or the individual did not receive training services.</p> <p>Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual received multiple training services, record the occupational skills training code for the last (or most recent) training service.</p>	00000000
25 Numeric	1	Training Completed	<p>Record 1 if the individual completed approved training.</p> <p>Record 2 if the individual did not complete training (withdrew).</p> <p>Otherwise, leave "blank" or Record 0 if the individual did not receive training services.</p>	1 = Yes 2 = No

Field Number & Type	Field Width	Data Element Name	Data Element Definitions/Instructions	Coding Value(s)
26 Date	8	Date Completed, or Withdrew from, Training	Record the date on which the participant completed training or withdrew permanently from training. If the individual receives multiple training services, record the date on which the individual completed, or withdrew from, the last (or most recent) training service. Otherwise, leave "blank" if the individual did not receive training services.	YYYYMMDD
27 Date	8	Date of Exit	Record the date on which the last service funded by the program or a partner program is received by the participant. Once a participant has not received any services funded by the program or a partner program for 90 consecutive calendar days and has no gap in service and is not scheduled for future services, the date of exit is applied retroactively to the last day on which the individual received a service funded by the program or a partner program.	YYYYMMDD

Field Number & Type	Field Width	Data Element Name	Data Element Definitions/Instructions	Coding Value(s)
28 Numeric	2	Other Reasons for Exit	<p>Record 01 if the participant is residing in an institution or facility providing 24-hour support such as a prison or hospital and is expected to remain in that institution for at least 90 days.</p> <p>Record 02 if the participant is receiving medical treatment that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.</p> <p>Record 03 if the participant was found to be deceased.</p> <p>Record 04 if the participant is providing care for a family member with a health/medical condition that precludes entry into unsubsidized employment or continued participation in the program. Does not include temporary conditions expected to last for less than 90 days.</p> <p>Record 05 if the participant is a member of the National Guard or other reserve military unit and is called to active duty for at least 90 days.</p> <p>Record 98 if the participant retired from employment.</p> <p>Record 99 if the participant either disclosed an invalid social security number (SSN) or chose not to disclose a SSN.</p> <p>Record 0 or blank if the participant exited for a reason other than one of the conditions described above.</p> <p><i>Additional Note:</i> Exit Reason "98 = Retirement" has been added for program management purposes <u>only</u> and individuals who exit the program based on this reason will not be excluded from calculation of the performance measures.</p>	01 Institutionalized 02 Health/Medical 03 Deceased 04 Family Care 05 Reserve Forces Called to Active Duty 98 Retirement 99 Not a Valid SSN
29 Numeric	1	Placement in Unsubsidized Employment at Exit	<p>Record 1 if the participant was placed into unsubsidized employment (full or part-time) at the time of exit from the program. This definition includes participants who were placed in non-WIA funded employment, entry into tribal, local, state, federal, or military employment, employment in a registered apprenticeship program, or self-employment. military or a qualified apprenticeship.</p> <p>Record 2 if the participant does not meet the condition described above.</p>	1 = Yes 2 = No

Field Number & Type	Field Width	Data Element Name	Data Element Definitions/Instructions	Coding Value(s)
30 Numeric	8	Occupational Code	For individuals who are placed in unsubsidized employment, record the 8-digit occupational code that best describes the participant's employment using the O*Net Version 4.0 (or later versions) classification system. Record 0 or leave "blank" if occupational code cannot be determined. Additional Notes: If all 8 digits of the occupational skills code are not collected, record as many digits as are available. If the individual had multiple jobs, use the occupational code for the most recent job held.	00000000
31 Numeric	1	Placement in Education/ Advanced Training at Exit	Use the appropriate code to record whether the participant entered post-secondary education or advanced training at the time of exit from the program. Record 0 or leave "blank" if the participant did not enter post-secondary education or advanced training or is not known.	1 = Entered post-secondary education 2 = Entered advanced training
32 Numeric	1	Attained Degree or Certificate	Record 1 if the individual attained a recognized diploma, degree or certificate at any time while participating in the program or at the time of exit from the program. Record 2 if the individual does not meet the condition described above. Record 0 or leave "blank" if not known.	1 = Yes 2 = No
<i>Collection of Supplemental Outcome Information (OPTIONAL)</i>			Important Note: Grantees have the option of using data collection items #33 through #36 to record additional outcome information that becomes available through supplemental/case management follow-up and submit updated information to the Department.	
33 Numeric	1	Employed in the 1 st Quarter After Exit Quarter	Record 1 if the participant was employed in the first quarter after the quarter of exit. Record 2 if the participant was not employed in the first quarter after the quarter of exit. Record 3 if the grantee intends to report supplemental/follow-up data <u>and</u> the participant's employment status in the first quarter after the quarter of exit is not yet available. Otherwise, leave "blank" if the grantee will not be reporting supplemental information.	1 = Yes 2 = No 3 = Information Not Yet Available

Field Number & Type	Field Width	Data Element Name	Data Element Definitions/Instructions	Coding Value(s)
32 Numeric	1	Employed in the 2 nd Quarter After Exit Quarter	<p>Record 1 if the participant was employed in the second quarter after the quarter of exit.</p> <p>Record 2 if the participant was not employed in the second quarter after the quarter of exit.</p> <p>Record 3 if the grantee intends to report supplemental/follow-up data <u>and</u> the participant's employment status in the second quarter after the quarter of exit is not yet available.</p> <p>Otherwise, leave "blank" if the grantee will not be reporting supplemental information.</p>	<p>1 = Yes</p> <p>2 = No</p> <p>3 = Information Not Yet Available</p>
33 Numeric	1	Employed in the 3 rd Quarter After Exit Quarter	<p>Record 1 if the participant was employed in the third quarter after the quarter of exit.</p> <p>Record 2 if the participant was not employed in the third quarter after the quarter of exit.</p> <p>Record 3 if the grantee intends to report supplemental/follow-up data <u>and</u> the participant's employment status in the third quarter after the quarter of exit is not yet available.</p> <p>Otherwise, leave "blank" if the grantee will not be reporting supplemental information.</p>	<p>1 = Yes</p> <p>2 = No</p> <p>3 = Information Not Yet Available</p>
34 Numeric	5	Wages 2 nd & 3 rd Quarters After Exit Quarter	<p>Record the total earnings of the participant in <u>both</u> the second and third calendar quarters after the quarter of exit. Total earnings include any bonuses, tips, gratuities, commissions, and overtime pay earned.</p> <p><i>Additional Note:</i> Enter whole dollar amounts (00000). Please enter 99999 if data are not yet available for this item. Otherwise, leave "blank" if the grantee will not be reporting supplemental information.</p>	00000

ATTACHMENT I
ADDITIONAL GUIDANCE FOR COLLECTING
FEDERAL EQUAL OPPORTUNITY DATA

Beginning on the effective date of this reporting system, grantees are required to collect, maintain, and report equal opportunity information, including sex (Item #6), age (Item #5), and disability (Item #7), for all individuals who apply for benefits or services financially assisted by the program. This requirement is in accordance with 29 CFR Part 37, "Implementation of the Nondiscrimination and Equal Opportunity Provisions of the Workforce Investment Act of 1998." For reference, sections 37.37(b)(1), (b)(2) and (d) of title 29 CFR mandate the following:

(b)(1) Each recipient must collect such data and maintain such records, in accordance with procedures prescribed by the Director [Director of the Civil Rights Center, Office of the Assistant Secretary for Administration and Management, DOL], as the Director finds necessary to determine whether the recipient has complied or is complying with the nondiscrimination and equal opportunity provisions of WIA or this part. The system and format in which the records and data are kept must be designed to allow the Governor and CRC [Civil Rights Center, Department of Labor] to conduct statistical or other quantifiable data analyses to verify the recipient's compliance with section 188 of WIA and this part;

(b)(2) Such records must include, but are not limited to, records on applicants, registrants, eligible applicants/registrants, participants, terminees, employees, and applicants for employment. Each recipient must record the race/ethnicity, sex, age, and where known, disability status, of every applicant, registrant, eligible applicant/registrator, participant, terminee, applicant for employment, and employee;

(d) Where designation of individuals by race or ethnicity is required, the guidelines of the Office of Management and Budget must be used.

Other sources of authority for this requirement include 29 CFR 31.5(b), in DOL's regulations implementing Title VI of the Civil Rights Act of 1964, and 29 CFR 32.44(b), in DOL's regulations implementing Section 504 of the Rehabilitation Act of 1973. The CRC Director has determined that collection of the equal opportunity information sought by this section of the reporting system is necessary in order to determine whether recipients have complied, or are complying, with the nondiscrimination and equal opportunity provisions of WIA and other applicable statutes.

Unless required for a determination of eligibility to participate in the program, the collection of equal opportunity information is to be self-identified and is voluntarily provided by the individual. Individuals should be made aware of the reason for the request of such information as well as the parties to whom disclosure may be made. Information collected from the individual will be used to monitor compliance of recipients with the equal opportunity and nondiscrimination requirements enforced by the CRC. It will also be used to assist the grantee and the Department in evaluating and improving efforts to conduct outreach to diverse population groups, including racial and ethnic minorities and persons with disabilities.

Since this data collection effort focuses on a specific racial or ethnic group (i.e., American Indian or Alaska Natives), the collection of ethnicity and racial categories is not required in accordance with the Office of Management and Budget (OMB) Statistical Directive 15 (as adopted October 30, 1997 at <http://www.whitehouse.gov/omb/fedreg/ombdir15.html>).

For the purposes of the requirements in this section of the reporting system, disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual. 29 CFR 37.4 provides further clarification of the term "disability"; relevant portions of the definition have been included below for reference

(1)(i) The phrase physical or mental impairment means—

(A) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine;

(B) Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

(ii) The phrase physical or mental impairment includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism. The phrase "physical or mental impairment" does not include homosexuality or bisexuality.

(2) The phrase major life activities means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Information collected from the individual will be used to monitor compliance of recipients with the equal opportunity and nondiscrimination requirements enforced by the CRC. It will also be used to assist the grantee and the Department in evaluating and improving efforts to conduct outreach to diverse population groups, including racial and ethnic minorities and persons with disabilities.

The Department will use the data supplied by the individual to determine how many applicants are from different groups and how many of these applicants are determined eligible to receive services financially assisted by the program in question. The Department will then assess compliance with nondiscrimination and equal opportunity requirements, as well as the effectiveness of specific outreach efforts and means of communication in light of this information.